

# INTERESTED IN AN EMS CAREER?

## **The Enfield EMS Department** **Is accepting applications for the position of** **EMS SUPERVISOR**

CURRENT RATE OF PAY AS OF JULY 1, 2006 IS \$23.00/HR

**BENEFIT PACKAGE FOR FULL-TIME (SEE NEXT PAGE FOR A LISTING OF OUR BENEFITS)**

**The Enfield EMS Department is seeking applicants for employment and for volunteers interested in an EMS Career.**

### **Experience and training required are:**

- \* *Two (2) years work experience (or four (4) years volunteer experience) as a Paramedic*
- \* *Two (2) years of supervisory experience preferred AND*
- \* *High school graduation or possession of GED, an associates degree in a relevant field preferred AND*
- \* *Current license as a State of Connecticut Paramedic AND*
- \* *Currently authorized to practice as a paramedic through a sponsor hospital AND*
- \* *Current certification in American Heart Association Advanced Cardiac Life Support (AHA and ACLS) AND*
- \* *Current certification in Pediatric Advanced Life Support (PALS) and Pre-Hospital Trauma Life Support (PHTLS) AND*
- \* *Must have National Incident Management System (NIMS) training, Incident Command System (ICS) training and Hazardous Materials Awareness training.*
- \* *Possession and maintenance of a valid motor vehicle operator's license and an acceptable driving record.*

### **Applicants must pass the following:**

- **A written test to assess your ability on material, to reason, to solve problems and apply sound situational judgment.**
- **A physical fitness assessment to determine your strength, agility, general physical fitness and Paramedic skills level.**

**Later phases of the process will include oral board interview, background investigation, psychological examination, medical examination and drug testing.**

***Applicants must be at least 18 years old at the time of testing.***

**Mail completed applications to:**

**Town of Enfield, HR Department, 820 Enfield St., Enfield, CT 06082**

Applicants will be notified of the time and date of the scheduled test, in writing, to the address provided on the application. The Human Resources Department must receive confirmation of intent to test prior to the test date.

*After six (6) months your application will become inactive and you must reapply if you have not tested and still wish to be considered for employment.*

***Applications will continue to be accepted until all positions have been filled.***

## **Benefits of Working for the Town of Enfield**

*Thank you for your interest in the EMS Department for the Town of Enfield. Below is a listing of our many benefits provided by the Town for non-union employees whose base salary is between \$30,000 and \$59,999 per year:*

- 95% medical and dental coverage for single, two-person, or family (5% cost to employee)
- \$100,000 life insurance policy (no cost to employee)
- Cafeteria Benefit plan, \$1,000 or 3% of base salary, whichever is greater
- Tuition reimbursement - 80% of one course up to \$400 per semester (2 semesters per year)
- Choice of two Deferred Compensation plans
- Pension eligibility after one year of employment
- 13 holidays per year
- 3 personal days per year
- 15 sick days per year (carried over each year)
- 2 weeks vacation per year (increasing with years of service)
- Uniform allowance (EMS Department only)

Hourly rate of pay commensurate with experience

The Town of Enfield  
is accepting applications  
for the Position of

## **EMS Supervisor**

**Salary: \$23.00/hr plus benefits**

*Discrimination because of race, color, sex or sexual orientation, religion, age, national origin, disability or veteran's status is prohibited by law. The Town of Enfield actively supports this legislation. EOE/AA/M/F*

### **Application Requirements**

1. **Town of Enfield EMS Supervisor Application (included in this packet).**
2. **Certified copy of your current driving record from the Department of Motor Vehicles.**
3. **Copies of all certificates you hold (both front and back).**
4. **Completed Medical Approval form for the Physical Ability Assessment**
5. **Letter from current Sponsor Hospital confirming possession of medical control in good standing. This letter must be written within sixty (60) days of the date of the application. A new letter may be required if the background check is performed sixty (60) days or more after the date the letter was written.**

### **Minimum Qualifications**

#### **EXPERIENCE AND TRAINING:**

- \* Two (2) years work experience (or four (4) years volunteer experience) as a Paramedic
- \* Two (2) years of supervisory experience preferred AND
- \* High school graduation or possession of GED, an associates degree in a relevant field preferred AND
- \* Current license as a State of Connecticut Paramedic AND
- \* Currently authorized to practice as a paramedic through a sponsor hospital AND
- \* Current certification in American Heart Association Advanced Cardiac Life Support (AHA and ACLS) AND
- \* Current certification in Pediatric Advanced Life Support (PALS) and Pre-Hospital Trauma Life Support (PHTLS) AND
- \* Must have National Incident Management System (NIMS) training, Incident Command System (ICS) training and Hazardous Materials Awareness training.
- \* Possession and maintenance of a valid motor vehicle operator's license and an acceptable driving record.

All licenses and certifications must be valid at time of application, hiring and throughout employment. Maintenance of these valid licenses is a condition of employment.

At the time of appointment and during employment, EMS Supervisors must meet the medical and physical standards established by the EMS Director. Incumbent EMS Supervisors must continue to meet or exceed all requirements for maintenance of State of Connecticut Paramedic license during employment with the Town.

**TRAINING:** Graduation from high school or its equivalent as evidenced by possession of a state high school diploma issued by the State Board of Education. Must attend and successfully complete any training program either mandated by law or by the EMS Department. Must attend and successfully complete any non-mandatory training program voluntarily accepted; must attend and successfully complete any mandatory refresher courses or tests of ability designed to ensure skill and knowledge in areas of performance.

**DRIVER'S LICENSE:** Must possess and maintain a valid motor vehicle operator's license and satisfactory driving history. *An individual may not be considered for appointment if he or she has had a major violation within a three-year period, four or more motor vehicle violations other than major within a three-year period, or suspension or revocation of a license for any reason in the past five years. A valid Driver's License is required at the time of appointment.*

**RESIDENCY REQUIREMENT:** Candidates must be U.S. Citizens and shall be required to reside within twenty-five (25) miles of the boundaries of the Town within one (1) year of appointment.

**KNOWLEDGE, SKILLS, AND ABILITIES:** Thorough knowledge of emergency medical conditions, techniques and procedures; good social skills and general intelligence; good powers of observation; ability to operate bio-medical telemetry and two-way radio equipment; ability to perform calmly and efficiently in crisis situations; ability to maintain records and prepare reports using a computer; ability to understand and follow oral and written instructions; ability to understand written laws and apply them to specific situations; physical strength adequate to lift unconscious patients; ability to operate assigned vehicle in emergency driving conditions; willingness to work nights, weekends, holidays, and assigned shifts; willingness to work with unpaid volunteers who will be performing the same functions as paid personnel; willingness to assist in training activities for both paid and volunteer personnel; willingness not to smoke during "on duty" hours; willingness to maintain vehicles, equipment and station house in good condition; physical condition commensurate with the demands of the position.

*No applicant will be accepted with any drug related conviction, felony conviction, conviction for any Class A or Class B misdemeanor.*

**NOTE:** Applicants may exclude any convictions or arrests which have been erased from your record pursuant to Connecticut General Statutes §§ 46b-146, 54-76o or 54-142a. Erased records include the following: (a) a finding of delinquency or that a child was a member of a family with service needs; (b) a sentence as a youthful offender; (c) a criminal charge that was dismissed or "nolled"; (d) a criminal charge for which the person was found not guilty; and (e) a conviction for which the person received an absolute pardon. For erased convictions or arrests you are considered to have never been arrested and may swear so under oath.

**GENERAL STATEMENT OF DUTIES:** These duties involve responsibility for providing emergency medical services and supervising subordinate employees engaged in providing emergency medical services. Employees in this position operate specially equipped medical emergency vehicles. When engaged in providing medical emergency services, incumbents are in two-way radio contact with, and receive direction from, monitoring hospital physicians who provide advice during a time of medical need.

**SUPERVISION RECEIVED:** The work is performed under the supervision of the Director of Emergency Medical Services, who makes assignments and reviews work in process and upon completion does related work as required.

**SUPERVISION EXERCISED:** Supervisors will supervise the work of Paramedics, EMT's and office staff.

**ESSENTIAL JOB FUNCTIONS:** Will conduct daily review of run reports of all staff for accuracy and completeness. Will assign staff to review, correct or change unsatisfactory run reports. Will inspect rigs for proper maintenance and stocking as well as inspect crew quarters. Will ensure that all check sheets have been completed. Will schedule employees for shifts and will act as a back-up on payroll in the absence of the Director of EMS. Will be subject to call when designated so by the EMS Director. Enforces all policies and procedures of the Department. Operates specially equipped vehicles to respond to medical emergencies and provides advanced life support services to stabilize persons with life threatening problems resulting from trauma or other medical emergencies; Provides medical emergency service to accident or other emergency victims such as extrication, splinting and immobilization, administration of oxygen, suctioning, insertion of airways, hemostasis, cardiopulmonary resuscitation, emergency childbirth, electrocardiogram monitoring, injections, anti-shock suit, defibrillation, etc.; Monitors and transmits vital signs of pulse, blood pressure and respiration and transmits bio-medical information via telemetry such as electrocardiogram; Performs direct medical actions on persons requiring advanced emergency services at monitoring physician's direction such as defibrillation; Administers oral, intra-muscular and intra-venous medications as directed by monitoring physician via two-way radio with the emergency vehicle; Keeps records of emergency calls, patient treatment and problems encountered and solutions rendered in the course of duty; Maintains equipment on specially equipped medical emergency vehicles in appropriate operating condition; Participates in emergency medical training of other EMS personnel, police officers, fire fighters and members of the community and coordinates emergency medical services on site; Conducts initial scene assessments and coordinates medical resources on the scene of incidents; Assists the Director with public information/education activities; Teaches CPR classes to staff and public; Conducts in-service training, under the supervision of the Director; Maintains stations in good condition. Regular and punctual attendance.

**OTHER JOB FUNCTIONS:** As assigned.

**WORK ENVIRONMENT:** The work characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee frequently works in outside weather conditions. The employee will frequently work in a motor vehicle. The employee occasionally works near moving mechanical parts, in high precarious places, is frequently exposed to wet and/or humid conditions, fumes, airborne particles, toxic or caustic chemicals, extreme cold, extreme heat, vibration and electro-magnetic radiation.

The noise level is normally moderate, but will be elevated when sirens are operating.

Employees will work primarily at a station house, on a medical scene, in an ambulance or at a hospital.

***Any omission, falsification, fabrication, lie or misleading statement will automatically result in disqualification from further consideration with the Town of Enfield.***

### **Method of Selection**

The examination process includes: Written Examination, Physical Ability Assessment, Oral Board Interview & Extensive Background Investigation.

**Written Examination:** The date and time for the written examination will be determined on an as-needed basis. **You must show a picture ID with you the day of the exam.** The minimum passing score on the written examination is 70. You must pass the written examination to be eligible for an invitation to the oral board interview. Candidates who fail to achieve the minimum passing score on the written examination will be disqualified from any further consideration for the position. The Town of Enfield reserves the right to administer a second written examination at its discretion.

**Physical Ability Assessment:** Candidates who pass the written exam will have to meet departmental physical fitness standards, including but not limited to: bending, squatting, kneeling, walking on uneven ground, climbing stairs, lifting 100 - 150 lbs, and perform CPR and ACLS skills. The date and time of the Physical Ability Assessment will be determined on an as-needed basis ***for those with passing scores only on the written exam.***

**Oral Board Interview:** The last phase of the examination for EMS Supervisor will be an interview before a panel of EMS, and/or personnel representatives. This phase of the examination is designed to aid in the determination of a candidate's maturity, communication skills and motivation for the position. The Town reserves the right to limit the number of candidates who are invited to the oral interview. Candidates who have passed the written examination, but who have failed this portion of the examination, will be disqualified at this time from any further consideration for the position of EMS Supervisor.

**Background Investigation:** A thorough background and character investigation will be conducted for the specific purpose of obtaining pertinent data for the Town of Enfield EMS Department to consider in determining suitability for employment as a EMS Supervisor. Eligible candidates will be requested to authorized a release of personal information, however personal or confidential it may appear to be, including but not limited to: educational, financial/credit agencies and institutions, medical history, employment history, legal complaints, arrests or convictions, and motor vehicle history.

The Human Resources Director reserves the right to reject any eligible candidate whom, on the basis of background and character investigation or medical examination, does not appear to be the most suitable qualified candidate for the position in accordance with provision of the Town of Enfield Personnel Rules.

If you fail to appear for any part of the examination process, or if you do not pass any part of the examination, your name will be removed from any further consideration.

An individual appointed to the position must satisfactorily complete a nine (9) month probationary period.

**Failure to complete and submit ALL application materials will automatically disqualify your application.**

*Discrimination because of race, color, sex or sexual orientation, religion, age, national origin, disability or veteran's status is prohibited by law. The Town of Enfield actively supports this legislation. EOE/AA/M/F*

## *Requirements for the Certification of Physical Ability*

### **The Physical Ability Assessment**

Passing the Physical Ability Assessment is a prerequisite for candidacy with Enfield EMS Department. The Physical Ability Assessment includes the following three components:

<b>Tested Skill</b>	<b>Critical Subsets</b>
Walk up flight of stairs with 3 pieces of equipment and proceed thru closed doorway.	<ul style="list-style-type: none"><li>• Placing equipment on the ground</li><li>• Having to make more than 1 trip with the equipment</li><li>• Dropping of any equipment, including items out of equipment bag</li></ul>
Set equipment down and perform 1 rescuer CPR, per AHA standards, until told to stop. Perform ACLS per AHA standards, until told to stop.	<ul style="list-style-type: none"><li>• Use universal precautions</li><li>• Use of appropriate barrier device</li><li>• Proper use of BVM</li><li>• Correct sequence of defibrillation at proper point</li><li>• Use of supplemental oxygen at appropriate flow rate</li><li>• Use of appropriate airway adjunct, (ETT, Combi-tube, or OPA)<ul style="list-style-type: none"><li>○ Correct size selected</li><li>○ Correct method of insertion</li></ul></li><li>• Correct interpretation of Cardiac rhythm</li><li>• Correct treatment based on Cardiac rhythm and condition</li></ul>
After being instructed to stop, raise 100lb barbell to waist level and walk backward for 100ft.	<ul style="list-style-type: none"><li>• Sitting barbell down prior to being instructed to do so</li><li>• Dropping of barbell</li><li>• Lifting by bending at waist only</li></ul>

### **In order to take the Physical Ability Assessment**

Candidates must bring the Medical Approval Form, signed and dated by a Physician within the last three months, no later than the day of the written exam in order to be permitted to take the Physical Ability Assessment.

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- Appropriate athletic attire should be worn to the assessment including sneakers.
  - You must pass the written exam in order to be invited to the Physical Ability Assessment.
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Town of Enfield  
EMS Department  
293 Elm Street  
Enfield, CT 06082  
(860) 763-8989

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Physical Ability Assessment  
**Medical Approval Form**

**To be filled in by Physician:**

This is to certify that I have reviewed the attached for elements of the *Enfield EMS Supervisor Standards* Physical Ability Assessment. After reviewing said document, it is my professional opinion that the candidate named below:

Candidate's Name: \_\_\_\_\_

Department(s) Applying to: \_\_\_\_\_

**CAN SAFELY PERFORM THE PHYSICAL ABILITY ASSESSMENT.**

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(M.D. or D.O)

Physician's Name and  
Address (Type or Imprint  
With Office Stamp



# EMS SUPERVISOR EMPLOYMENT APPLICATION TOWN OF ENFIELD

**You must be at least 18 years of age in order to be considered.**

**NOTE:** Discrimination because of race, color, sex or sexual orientation, religion, age, national origin, disability or veteran's status is prohibited by law. The Town of Enfield actively supports this legislation.

**IMPORTANT:** This application is considered part of the examination process, and **MUST** be fully completed. **DO NOT ENCLOSE A RESUME.** Incomplete applications may be rejected. Be brief, but you should include all important information related to your qualifications for this position. All statements are subject to investigation and any facts found to be false, exaggerated or misleading may result in your disqualification.

## PERSONAL INFORMATION

DATE \_\_\_\_\_, 2006 SOCIAL SECURITY # -  
Month Day Year Please write one number in each box

NAME \_\_\_\_\_  
Last First Middle

CURRENT ADDRESS \_\_\_\_\_  
Number and Street City State Zip

DAY PHONE # (\_\_\_\_) \_\_\_\_\_ EVENING PHONE # (\_\_\_\_) \_\_\_\_\_

**Check All EMS/Paramedic Credentials Held. You must currently hold a Paramedic license in order to be considered. Provide copies of your certificates (front and back).**

<input type="checkbox"/> CPR _____ Exp. Date	<input type="checkbox"/> EMT # _____ Exp. Date	<input type="checkbox"/> Paramedic # _____ Exp. Date	<input type="checkbox"/> NREMT-P # _____ Exp. Date
<input type="checkbox"/> ACLS _____ Exp. Date	<input type="checkbox"/> PALS _____ Exp. Date	<input type="checkbox"/> HazMat Awareness _____ Exp. Date	<input type="checkbox"/> _____ Sponsor Hospital Name

## Driving/Criminal Record

Driver's License # \_\_\_\_\_ Restrictions \_\_\_\_\_

*Please circle your answer to the right for the questions below.*

Has your Driver's License ever been suspended?	YES	NO
Have you eve been convicted of a crime involving violence?	YES	NO
Are you currently on parole, probation, work release program or on bail?	YES	NO

**Have you been immunized against Hepatitis-B?** Yes No If Yes, give date: \_\_\_\_\_

**Medical – Do you have any medical or physical problems that prevent you from: (check all that apply)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Doing CPR?   | <input type="checkbox"/> Lifting 100 – 150 lbs? | <input type="checkbox"/> Climbing/Descending Stairs?    |
| <input type="checkbox"/> Carrying 70 lbs of equipment?  | <input type="checkbox"/> Driving a Vehicle?     | <input type="checkbox"/> Wearing Respiratory Protection |
| <input type="checkbox"/> Bending, squatting, kneeling, walking on uneven ground   |   |   |
| <input type="checkbox"/> Any other physical condition(s) which would prevent you from meeting the requirements of being a EMS Supervisor? |   |   |



## EDUCATION

For each category below, circle the highest educational level you have completed.

**High School** \_\_\_\_\_  
School name, city and state

9 10 11 12  
Circle highest year completed

Did you graduate?  
Yes ☐ No ☐

**College** \_\_\_\_\_  
College name, city and state

1 2 3 4  
Circle highest year completed

Did you graduate?  
Yes ☐ No ☐

**Other** \_\_\_\_\_  
School name, city and state

1 2 3 4  
Circle highest year completed

Did you graduate?  
Yes ☐ No ☐

If you attended college, what was your: \_\_\_\_\_  
Major Minor Highest degree earned

High School Equivalency Diploma (GED)? Date of diploma (M/D/Y) \_\_\_\_\_ Number \_\_\_\_\_

**REFERENCES: *EXCLUDING RELATIVES AND PREVIOUS EMPLOYERS*, LIST THREE (3) INDIVIDUALS.**

NAME	ADDRESS	DAYTIME PHONE NUMBER
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

### (This Section for Volunteer Use Only)

**When are you available to volunteer? Please place an "X" in all boxes that apply.**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6am-12 noon							
12 noon-6pm							
6pm-12 mid							
12 mid-6am							

**Briefly tell us why you want to be an EMS Supervisor with Enfield EMS:**

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**EXPERIENCE:** In the space provided below, give a complete record of your employment, beginning with your present or most recent job. Account for all periods, including self-employment and unemployment. Use extra paper if necessary.

Employer: \_\_\_\_\_  
Company name Company address Company Phone #

Your Job Title \_\_\_\_\_ Dates \_\_\_\_\_ Annual Salary \_\_\_\_\_  
From (M/D/Y) To (M/D/Y) Starting Ending

Supervisor and Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

DUTIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_  
Company name Company address Company Phone #

Your Job Title \_\_\_\_\_ Dates \_\_\_\_\_ Annual Salary \_\_\_\_\_  
From (M/D/Y) To (M/D/Y) Starting Ending

Supervisor and Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

DUTIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_  
Company name Company address Company Phone #

Your Job Title \_\_\_\_\_ Dates \_\_\_\_\_ Annual Salary \_\_\_\_\_  
From (M/D/Y) To (M/D/Y) Starting Ending

Supervisor and Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

DUTIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_  
Company name Company address Company Phone #

Your Job Title \_\_\_\_\_ Dates \_\_\_\_\_ Annual Salary \_\_\_\_\_  
From (M/D/Y) To (M/D/Y) Starting Ending

Supervisor and Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

DUTIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any other experiences, skills or qualifications which will be of benefit in the job of EMS SUPERVISOR? If so, please explain below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ORAL BOARD INTERVIEW** -- Candidates who pass the written test will be invited to the oral board interview and will be notified as such. You must pass the Physical Ability Assessment to participate in the oral board interview phase.

**IMPORTANT – READ THE INFORMATION BELOW AND SIGN YOUR APPLICATION**

Do you understand that as part of the testing process you will be required to submit to a thorough background investigation, a psychological examination and as well as a physical fitness test, a physical examination and drug testing?

Yes ☐ No ☐

My signature below certifies that the information provided in this application is correct and truthful. I realize that falsifying any information submitted may be grounds for rejection of this application or termination of employment. I also give consent to the Town of Enfield to check previous employers, educational records, and references and release the Town of Enfield, its agents and employees from any liability that might arise from such disclosures. I further understand the acceptance of this application does not constitute an employment or volunteer agreement. Failure to completely fill out this application may result in my disqualification from any further consideration for employment. **I ACKNOWLEDGE THAT I HAVE READ THIS INFORMATION AND THAT I UNDERSTAND THE REQUIREMENTS FOR EMPLOYMENT WITH THE TOWN OF ENFIELD.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*For the following question, exclude any convictions or arrests which have been erased from your record pursuant to Connecticut General Statutes §§ 46b-146, 54-76o or 54-142a. Erased records include the following: (a) a finding of delinquency or that a child was a member of a family with service needs; (b) a sentence as a youthful offender; (c) a criminal charge that was dismissed or "nolled"; (d) a criminal charge for which the person was found not guilty; and (e) a conviction for which the person received an absolute pardon. For erased convictions or arrests you are considered to have never been arrested and may swear so under oath.*

Have you ever been convicted of a law violation other than a minor traffic offense: \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

For purposes of this application, reckless driving, evading responsibility, engaging in pursuit, driving while impaired and driving while intoxicated are **not** considered minor traffic offenses.

Have you ever been fired or asked to resign from a job? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain:

\_\_\_\_\_

Are you a United States citizen or are you authorized to work in the United States: \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TOWN OF ENFIELD  
AFFIRMATIVE ACTION**

Each applicant for employment with the Town of Enfield is requested to provide the following voluntary information to be used solely for Affirmative Action reporting purposes. It will be detached when your application is filed and the information on it will be kept confidential and will not be considered in the employment process.

1. Ethnic Group (Please check one)  
a. ☐ White b. ☐ Black c. ☐ Hispanic d. ☐ Native Amer./Alaskan Native  
e. ☐ Asian/Pacific Islander f. ☐ Other \_\_\_\_\_
2. Sex: a. ☐ Male b. ☐ Female
3. Age: a. ☐ 16 or less b. ☐ 17-25 c. ☐ 26-40 d. ☐ 41-65 e. ☐ 66+
4. Type of work desired (please indicate one preference)  
a. ☐ Administrative (Managerial or Dept. Head, etc.)  
b. ☐ Professional (Asst. Dept. Head, Police Lieutenant, Recreation Spv., Librarian, etc.)  
c. ☐ Technical (Engineering Aide, Police Sergeant, etc.)  
d. ☐ Protective Service (Police Officer)  
e. ☐ Office/clerical (Clerk-Typist, Secretary, Accounting Clerk, Dispatcher, etc.).  
f. ☐ Skilled craft (Equipment Operator, Mechanic, etc.)  
g. ☐ Service/Maintenance (Custodian, Laborer, Refuse Collector, etc.)  
h. ☐ Summer employment
5. I applied to the Town of Enfield in response to:  
a. ☐ Advertisement \_\_\_\_\_ ( name of publication)  
b. ☐ Connecticut Employment Service  
c. ☐ Community or professional organization or Agency  
Name: \_\_\_\_\_  
d. ☐ Referred by a Town employee  
e. ☐ Website \_\_\_\_\_ (specify which site)  
f. ☐ Other

\*\*\*\*\*

Name: \_\_\_\_\_  
(Please print)

Address: \_\_\_\_\_  
Street Town State Zip

Date: \_\_\_\_\_